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|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/654,487-Conf. #5210 |
| | | Filing Date | September 4, 2003 |
| | | First Named Inventor | Abraham THIJSEN |
| | | Examiner Name | R. Mahmood |
| | | Art Unit | 2164 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 180.00 |
| | | Attorney Docket No. | 0142-0433P |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 02-2448
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

| 2. EXCESS CLAIM FEES | | |
|---|--|---|
| Fee Description | Fee (\$) | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |
| Total Claims <u>21</u> - 21 or HP = _____ HP = highest number of total claims paid for, if greater than 20. | Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ | Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____ |
| Indep. Claims <u>3</u> - 3 or HP = _____ HP = highest number of independent claims paid for, if greater than 3. | Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | 180.00 |

| | | | |
|---------------------|---------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 43,368 |
| Name (Print Type) | Paul C. Lewis | Telephone | (703) 205-8000 |
| | | Date | |

DEC 23 2009